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diagnosis and evaluation

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Health Pedagogy at the University of Silesia (Katowice, Poland) Diagnosis and evaluation

Abstract

In our article we outline the development of the specialized Health Pedagogy programme at the University of Silesia, and students' perceptions of the effectiveness of educational experience. Our presentation employs quantitative and qualitative research approaches. Using the institution monograph method we present quantitative data on the content of the learning programme and learning outcomes in Health Pedagogy. Document analysis covers 12 years, beginning with 2001 when the specialization was introduced in the University of Silesia. Using content analysis we present the learning outcomes, including knowledge, skills and competencies acquired by graduates in the first and second cycle degree programmes, according to the Bologna process. To complete these findings we present individual cases, based on interviews, as examples of the occupational path of our graduates.

Keywords: *professional development, health pedagogy, academic education, academic standards, qualifications framework*

Introduction

Some people stay healthy despite the influence of a high number of stressors, and when ill, they recover from illness much faster. Antonovsky argued that this results from the "sense of coherence" (SOC) of a human being. In the case of disease, some people are able to identify health resources available to them, and

undertake intense health-oriented actions. The sense of coherence is defined as “a global orientation that expresses the extent to which one has such a pervasive, enduring though dynamic feeling of confidence that:

1. the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable;
2. the resources are available to one to meet the demands posed by these stimuli; and
3. these demands are challenges worth investment and engagement” (Antonovsky, 1987).

On the basis of his observations, Antonovsky concluded that under the influence of external factors one’s sense of coherence may be enhanced. Therefore, it may be positively influenced both by various life events, as well as by the professional help of a pedagogue/health educator. In this way the need for educating professionals who deal with health promotion and education is justified.

All over the world, university departments and specializations related to health have been established. The education system in Canada aims to professionalise health educator as an occupational category, through cooperation between universities with health-related institutions and authorities (Vamos & Hayos, 2010). The Canadians’ goal is to increase the health literacy of their society. University graduates are encouraged to take jobs in the area of public health. In the USA a teaching philosophy for public health education that combines theory and practical skills is being sought for. Syllabi are to be a kind of a road-map for students, to help them understand how they should study and to what extent their knowledge will translate into practical skills. Teaching purposes should be based on “Responsibilities and Competencies for Health Education Specialists”, a document published by the National Commission for Health Education Credentialing in 2010 (Ratnapradipa & Abrams, 2012).

In Poland, health pedagogy, health education and health promotion are not universally recognized. Courses in health promotion are provided, but mainly in medical schools. In the recent years, specializations related to health promotion and health education have also started to appear in the humanities in public and private colleges, although they are still rare. The University of Silesia is one of the two Polish universities offering a specialised degree in Health Pedagogy. For this reason, we have undertaken the following diagnosis and evaluation of how the specialist programme functions and how it has been implemented.

Research Methodology

The purpose of the research was to diagnose and evaluate the Health Pedagogy specialization, initiated at the University of Silesia in 2001 in the Department of Education. By the academic year 2012/2013 it had been completed by 248 students of the 5-year-programme, 80 graduates of the first cycle degree programme and 21 graduates of the second cycle degree programme.

The goal of the research was to obtain answers to the following research questions:

- How has the University of Silesia Health Pedagogy programme evolved since 2001?
- How do learning outcomes relate to the Bologna process?
- How is the programme evaluated by the students?
- What career destinations do students achieve?
- How is the programme of Health Pedagogy at the University of Silesia related to Antonovsky's theoretical framework?

The researchers employed a monographic method focusing on one institution. The analysis centred on documents (document analysis method) and content (content analysis method). The analysed documents included three didactic programmes/syllabi:

- for the 2001/2002 academic year- Health Pedagogy specialization was opened at the Department of Education;
- for the 2007/2008 academic year- adoption of a two-tier system of higher education based on the Regulation of the Ministry of Science and Higher Education (13 June 2006) on naming the fields of study;
- for the 2012/2013 academic year- introduction of the required learning outcomes based on the Regulation of the Ministry of Science and Higher Education (4 November 2011) on the required learning outcomes.

Health Pedagogy learning outcomes in the first and second cycle degree programme were analysed with the use of the content analysis method. The analysis was conducted on the basis of the documents prepared by the Education Department within the Faculty of Education and Psychology. Knowledge, skills and social competences required as the learning outcomes of the Health Pedagogy programme were thoroughly examined.

The research was supplemented by individual case studies based on 12 free-form interviews with graduates of the specialised programme.

Research Results

The development of the University of Silesia Health Pedagogy programme since 2001 and the relation between its learning outcomes and the Bologna process

The Bologna process imposed numerous and significant changes on higher education systems. Not only did it introduce ECTS, the two-tier system and quality assurance, but it called for didactic purposes of:

- tailoring graduates to the needs of the labour market; increasing their so-called “employability”;
- preparing graduates to live in a democratic (also European) society as active citizens;
- developing and sustaining the foundations of advanced knowledge to contribute to the growth of knowledge-based society and economy; and
- the personal development of students.

For many years the Polish system of higher education has made efforts to meet these requirements. Bologna process regulations indicated the direction of changes, which is reflected in the evolution of the specialised Health Pedagogy programme at the University of Silesia.

In accordance with the teaching programme of the Department of Education of the University of Silesia, the broad purpose of Health Pedagogy specialization is to provide students with the necessary interdisciplinary knowledge of social factors that determine health and disease and the skills required to arrange health-promoting activities in a variety of environments and institutions. These activities include offering institutional and non-formal health education and aid in local communities and at various management levels. The university courses prepare students to work in institutions and centres dealing with educational aspects of health promotion.

To obtain answers to the research questions, a thorough analysis of the Health Pedagogy programme was conducted based on the above aims.

The analysis showed that introduction of a two-tier system resulted in a significant increase in specialization hours (885 instead of 810), but the number of ECTS credits decreased (from 122 to 90). This correlation appeared in the first cycle degree programme. When the next changes were introduced, i.e., learning outcomes at the first cycle degree programme, the number of teaching hours of specialization subjects was reduced to 750, which translated into decreasing the number of ECTS credits (to 77). The analysis of the didactic programmes/syllabi for the second cycle degree programme proved that the number of hours after

the introduction of the learning outcomes increased from 360 teaching hours to 405, which unexpectedly resulted in a reduction of ECTS credits (from 60 to 51) (Table 1).

Table 1 Number of hours and ECTS in individual didactic programmes/syllabi in Health Pedagogy

Subject	Start of specialization Academic year 2001/2002		Adoption of a two-tier system Academic year 2007/2008				Introduction of the required learning outcomes Academic year 2012/2013			
	5-year-programme (only specialization subjects)		1 st cycle		2 nd cycle		1 st cycle		2 nd cycle	
	h	ECTS credits	h	ECTS credits	h	ECTS credits	h	ECTS credits	h	ECTS credits
Total number of hours	810*	122	885	90	360	60	750	77	405	51

* a number of hours without: pro-seminar, seminar, elective subject, monographic lecture (total number: 1125). In the next didactic programmes these subjects were not included in specialization subjects

Source: Didactic programmes/syllabi

After the adoption of a two-tier system, mid-term internships were removed from the list of specialized subjects. They were re-introduced to the didactic programmes/syllabi at the time of adopting required learning outcomes, but only in the case of the first cycle degree programme. In the new programme the mid-term internships were not considered as specialization subjects, but were located in the general course offers.

Table 2. Learning outcomes [related to knowledge] at Health Pedagogy specialization (first and second cycle degree programme)

Cycle	K_ W01	K_ W02	K_ W03	K_ W04	K_ W05	K_ W06	K_ W07	K_ W08	K_ W09	K_ W10	K_ W11	K_ W12	K_ W13	K_ W14	K_ W15	K_ W16	K_ W17	K_ W18	K_ W19
1	11	2	6	2	4	1	5	1	2	4	1	-	4	1	3	5	3	1	-
2	2	-	1	1	1	2	2	3	-	3	5	1	1	-	1	1			

Source: Analysis of documentation of the Department of Education of the University of Silesia

Table 3. Learning outcomes in the Health Pedagogy specialization
(first and second cycle degree programme)

Cycle	K_ U01	K_ U02	K_ U03	K_ U04	K_ U05	K_ U06	K_ U07	K_ U08	K_ U09	K_ U10	K_ U11	K_ U12	K_ U13	K_ U14
1	2	4	5	1	1	5	1	-	3	-	3	-	1	-
2	7	2	1	1	1	1	1	-	1	-	1	1		

Source: Analysis of documentation of the Department of Education of the University of Silesia

Table 4. Learning outcomes in the Health Pedagogy specialization
related to social competencies (first and second cycle degree programme)

Cycle	K_ K01	K_ K02	K_ K03	K_ K04	K_ K05	K_ K06	K_ K07	K_ K08
1	2	5	3	-	-	-	3	1
2	1	1	1	-	1	1	3	-

Source: Own study on the basis of documentation of the Department of Education of the University of Silesia

Learning outcomes, specified in descriptions of individual subjects, were also the subject of research (Table 2, Table 3, Table 4). Their implementation resulted from the need to meet the requirements of the Bologna process. The content of the learning outcomes has to comply with the required outcomes, prepared by the Ministry of Science and Higher Education. The analysis of the learning outcomes, specified by the Ministry for the Department of Education showed that out of 19 outcomes at the first cycle degree programme 2 are not planned for implementation, i.e.

- K_W12 – connected with designing and conducting research; these outcomes are achieved at seminars and during classes of a methodology-related subject (obligatory classes at the Education Department)
- K_W19 – related to knowledge of ethical principles and norms planned for implementation within the framework of obligatory classes.

K_W01 is the learning outcome related to knowledge, which was included in descriptions of the modules 11 times. It focuses on the knowledge of basic terms used in the specialized Health Pedagogy programme related to education, health prevention and promotion as well as the areas where they can be applied.

Out of 16 learning outcomes related to knowledge to be mastered at the Education Department in the second cycle degree programme, 3 are not planned for implementation within the framework of specialization subjects:

- K_W02 – related to the place of education in the system of science and its relationship to other disciplines;

- K_W03 – related to the development of education and its historical and cultural determinants;
- K_W14 – related to the education system.

These outcomes are planned for implementation within the framework of obligatory subjects in the Department of Education, i.e., General Education and Comparative Education. Due to the specific nature of the specialization, K_W11 is the most frequently selected learning outcome. It relates to the regularities and irregularities of development.

Out of 14 learning outcomes related to skills to be gained at the Education Department in the first cycle degree programme, specified by the Ministry of Science and Higher Education, 4 are not planned for implementation within the framework of specialization subjects:

- K_U08 – related to presenting one's opinions, suggestions and ideas;
- K_U10 – related to designing and implementation of educational activities;
- K_U12 – related to implementation of principles and norms in practice;
- K_U14- related to analysis and evaluation of activities.

Out of 12 learning outcomes related to skills gained at the Health Pedagogy specialization at the Department of Education in the second cycle degree programme, 2 are not planned for implementation:

- K_U08 – related to implementation of acquired knowledge in practice;
- K_U10 – related to designing and implementation of educational activities.

K-U01 is the learning outcome associated with skills, which is most often included in a syllabus in the second cycle degree programme. It relates to analysing and interpreting social phenomena. Naturally, it results from the specific nature of the specialization as well as the required content.

Legislators provided for 8 learning outcomes to be reached at educational studies. Unfortunately, 3 of them were not included in the description of modules in the first cycle degree programme. All relate to following the code of professional ethics. In the second cycle degree programme two learning outcomes were omitted:

- K_K04 - related to prudence, maturity and involvement in work;
- K_K04- related to the responsibility for preservation of national heritage of culture.

K_K07 relating to active involvement in educational activities and care for the environment was the learning outcome which was most often included in the programme.

Evaluation of the programme by former students

In interviews conducted between March and June 2014, all the respondents claimed that participating in the specialized Health Pedagogy programme was inspiring and contributed to their personal development. For instance, the graduates stated:

Kasia: *"thanks to my studies I developed emotionally, socially, intellectually, and as far as interpersonal relations are concerned. It helped me to clarify my view on life, develop my organizational skills. I could also display my intelligence and creativity"*.

Iwona: *"...the knowledge on health which I acquired at the university I use and implement in my daily life with those close to me"*.

Most of the responses showed that the skills and knowledge acquired at the university are at least partially useful in professional and daily life. In particular, the respondents strongly appreciated interpersonal skills and the ability to conduct classes on health education for various age groups. They also emphasized that they gained broad knowledge on a variety of issues related to health. On the other hand, the respondents mentioned some missing skills, mainly related to the identification of group processes, group integration or, more generally, practical skills, which were to be developed during internships:

Aleksandra: *"I think that I have appropriate knowledge and skills to be a health educator. The scope of the programme focused on health issues and was quite broad. That is why I gained wide knowledge. In addition, in the classes focusing on health education methodology I learnt how to effectively conduct classes on health, tailored to different age groups."*

The encounter with the reality of the employment situation appeared to be quite difficult for most of the respondents. Only three of them have jobs in accordance with their education (one of whom works abroad) and three others stated that their job was partially related to their specialization.

Kasia: *"I may say that what I do at work is partially associated with my university studies. A large part of my work is related to my interests that I developed during my studies. For example, my interest in physical exercise. In my professional life I also use*

interpersonal skills gained in the university classes. However, I will have to supplement my knowledge by continuing education”.

As many as four respondents have jobs completely unconnected with their education. Two of them are unemployed.

The income of the majority of the respondents is one of the lowest in the country, with the exception of the person who works abroad. Two respondents refused to provide any kind of information about their income. As subjectively assessed, despite their difficult professional situation, the respondents do not appear to feel the need to actively start changing it, e.g., by setting a company to conduct educational activities. At present, only one person is self-employed.

All the respondents claim that they want to develop their professional skills. However, not all of them want to work in a profession for which their academic degree prepared them. They indicate other areas in which they have already developed their skills or plan to do so: human resources, pre-school education, early childhood education, physiotherapy, psychology, speech therapy or occupational counselling. One person plans to make an academic career and two respondents would like to set up and develop their own business (Mateusz: *“For my employers, development of employees is the key issue. I would like to take advantage of it in order to obtain new skills and knowledge”*).

Discussion

Higher education, focusing on social sciences, could play a significant role in preparing professionals to work in health promotion and health education. In Poland, however, there is no favourable environment for incentives related to health promotion or education and the profession of health educator is not attractive. At present, out of 18 long-established universities in Poland only 6 have opened a health-related specialization in their Department of Education (Health counselling or Health Promotion), and only 2 universities have fully specialised Health Pedagogy programmes. However, global trends suggest that the profession of health educator will become more attractive in the future as our research results have indicated.

For many years, the Health Pedagogy specialization at the University of Silesia has been modified and improved. The elaborate, detailed and comprehensive didactic programmes/syllabi from the 2012/2013 academic year now effectively meet the students' educational needs and the potential requirements of the labour

market. Introduction of the standard learning outcomes has resulted in clarifying the knowledge, skills and social competencies to be gained by learning the selected subjects and contributed to the removal of repetitive and inadequately presented content.

Conclusions

The Health Pedagogy programme is coherent with Antonovsky's salutogenesis theory. It focuses not only on medical aspects, but also on issues related to the psychological and social determinants of health. However, practical aspects are insufficiently dealt with. They are of great importance in enabling in practice the implementation of skills gained at the university.

Analysis of the learning outcomes in the specialised Health Pedagogy first cycle degree programme showed that in the future, knowledge-related outcomes should be more equally distributed. The skills-related outcomes not included in the specialization modules descriptions are implemented within the framework of obligatory programme. However, the graduates conclude that what is on offer in the specialised subjects should be further elaborated in order for health educators to be better prepared professionally and comprehensively for practical implementation of knowledge on-the-job. Learning outcomes for competencies in the first cycle degree programme should be more clearly spelled out in the specialist Health Pedagogy programme. These issues are extremely important in a job which requires setting and sustaining satisfying social relations.

Starting with the 2012/2013 academic year, didactic programmes/syllabi of the first cycle degree programme have provided 60 didactic hours (30 hours x 2) of internships at the Health Pedagogy specialization. Unfortunately, the University does not pay for the students who are accepted for the internship programme and therefore local institutions are not actually interested. Those institutions that do recruit students do it as voluntary service. Academic teachers appointed each year are responsible for finding internship opportunities for students. Most of the teachers are theorists who do not cooperate with these institutions on a daily basis. Therefore, they select institutions at random and only some of them agree to accept students. As long as responsibility for students and cooperation criteria are not clear, the problem of internships will not be solved, and the students will not have a chance to encounter real professional situations.

Unfortunately, in Poland the Classification of occupations and specializations does not include the profession of health counsellor or health educator. Legal provisions provide for specialists in hygiene, occupational safety and environmental protection. Two other occupations are related to health education, namely a health promoter and a specialist in public health. Therefore, it is a difficult task for graduates of the Health Pedagogy specialist programme to find a job and make use of their qualifications. Polish society still associates health with medicine. Promoting a healthy lifestyle is seen as a responsibility of a doctor or a nurse. This perception also applies to the graduates who participated in the research analysed above.

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